

Physician's Assistant (PA) - Prescribe

This application cannot be returned by fax or email.
We must have an original signature(s) and fee to process.

Download application and mail to the address on the top of the application with the required \$80.00 fee. The fee is payable by money order or cashier's check only, we do not accept personal or business checks, cash or credit cards. If the application is received with a personal check or cash, it will be returned and will delay the processing of your application.

Fee is made payable to : ***Nevada State Board of Pharmacy***

Before calling with questions, please read all information carefully.

If you do not have a state license number as yet, leave blank. We cannot process the application until you have notified us of your license number. A copy of the registration certificate issued by the board of medical examiners or the state board of osteopathic medicine must be included with the application. Your license must be active to apply for prescribing privileges.

Upon receipt of the completed application, fee and required documents, a license to prescribe can be issued. You must be registered with the Nevada medical or osteopathic board to receive prescribing privileges from the Pharmacy Board.

If you are interested in a DEA number to prescribe controlled substances, please contact DEA at 702/759-8202 in Las Vegas to receive an application. You can also go to DEA's website at www.deadiversion.usdoj.gov to apply for a DEA number with a credit card. The Nevada State Board of Pharmacy office does not have new application forms.

The attached addendum is required if you will be applying for a DEA number. Please include with the application. If you currently have a DEA number and wish to transfer it to Nevada, please complete the attached DEA transfer form and return with the application with a copy of your DEA certificate.

All registrations expire **October 31, of the even numbered years**, no matter when the license is issued. If you have any questions, please feel free to contact the Reno office at 775/850-1440.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ≈ Reno, NV 89509 ≈ (775) 850-1440

APPLICATION FOR PHYSICIAN'S ASSISTANT • PRESCRIBE

REGISTRATION FEE: \$80.00 (non-refundable money order or cashier's check only, no cash)

First: _____ Middle: _____ Last: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

SS#: _____ Date of Birth: _____ Sex: ☐ M or ☐ F

Telephone: _____ E-mail address: _____

PRACTICING LOCATION

Practice Name (if any): _____

Physical Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Medical/Osteopathic Board PA #: _____ Issued: _____ Expires: _____

SUPERVISING PHYSICIAN – Please Print

Supervising Physician: _____ Degree: _____
(Please print)

Physical Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

						Yes	No		
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..... <input type="checkbox"/> <input type="checkbox"/>									
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....								<input type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....								<input type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....								<input type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:									
Board Administrative Action:		State	Date:		Case #:				
			/ /						
Criminal Action:	State	Date:	Case #:	County	Court				
		/ /							

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Original Signature of APN, no copies or stamps accepted

Date

Original Signature of Supervising Physician, no copies or stamps accepted

Date

Board Use Only Received _____	Amount _____	Entity: _____
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Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440

Required Addendum for APNs and PAs applying for DEA registrations

Please complete the following information and return by mail to address above or by fax to **(775) 850-1444**. When the completed form has been received and is complete, we will notify DEA of the required information.

Name: _____ ☐ APN or ☐ PA
(check one)

Practicing Address: _____
(This cannot be a home address)

City: _____ State: NV Zip: _____

Work Telephone: _____

Work Fax: _____

Supervising Physician Name: _____
(Please print)

APN or PA Signature: _____ Date: _____

***** When you receive your DEA certificate, fax (775/850-1444) a copy to the Reno office. DEA will not provide the board of pharmacy with a copy. Upon receipt of the DEA certificate copy, a Nevada certificate of registration will be issued**

Board Use Only

Date Received: _____

Date DEA notified: _____

Pending CS #: _____

UNITED STATES DEPARTMENT OF JUSTICE

DRUG ENFORCEMENT ADMINISTRATION

LAS VEGAS DIVISION
550 S MAIN STREET #A
LAS VEGAS, NV 89101
(702) 759-8202

DEA TRANSFER FORM

DEAR REGISTRANT:

IN ORDER TO TRANSFER YOUR FEDERAL DEA NUMBER IT WILL BE NECESSARY FOR YOU TO COMPLETE THIS FORM. PLEASE COMPLETE ALL ITEMS. BE SURE TO USE A BUSINESS ADDRESS, DO NOT USE A P.O. BOX UNLESS IT IS ACCOMPANIED BY A STREET ADDRESS. OFFICIAL ORDER FORMS CAN ONLY BE SENT TO A BUSINESS ADDRESS.

DEA NUMBER _____ DATE OF RELOCATION _____

PRINT NAME BUSINESS _____ TELEPHONE NUMBER _____

OLD BUSINESS ADDRESS

NEW BUSINESS ADDRESS

MAILING ADDRESS

NEVADA STATE LICENSE NUMBERS

MEDICAL LICENSE _____

EXPIRATION DATE _____

CS LICENSE _____

EXPIRATION DATE _____

DO YOU NEED DEA ORDER FORMS

YES _____ NO _____

SIGNATURE _____ DATE _____

FOR ADDITIONAL INFORMATION CALL, (702) 759-8202.